

## Survey Coversheet

This survey is about what you think and do. Your participation is completely voluntary. Your participation will help us improve teen pregnancy prevention programs. Please answer the questions honestly.

- Do NOT write your name in this survey.
- This survey is CONFIDENTIAL (private); no one you know will see your answers.
- This is not a test. There are no right or wrong answers.
- Some questions may not apply to you and some are personal. Answering them is voluntary, but please do your best to answer them.
- If the question asks you to fill in a blank, please write your answers clearly.

**THANK YOU VERY MUCH**

FOR OFFICIAL USE ONLY

Agency Number:    \_\_\_ \_\_\_ \_\_\_    Site Number:    \_\_\_ \_\_\_    SOW Page Number    \_\_\_ \_\_\_



**Your answers are confidential (private). Please answer honestly.**

## QUESTIONS ABOUT YOU

1. **What is today's date?**      Month\_\_\_\_\_ Day\_\_\_\_\_ Year 200\_\_\_\_\_
2. **What is your birth date?**      Month\_\_\_\_\_ Day\_\_\_\_\_ Year 19\_\_\_\_\_
3. **Are you:**  
☐ Male  
☐ Female
4. **Most of the time, what language do ADULTS in your family speak at home? (Mark ONE)**  
☐ English  
☐ Spanish  
☐ Another language \_\_\_\_\_
5. **How do you describe yourself? (Mark ALL that apply)**  
☐ Latino / Hispanic / Chicano / Mexican American  
☐ Black / African American  
☐ White  
☐ American Indian / Native American / Alaskan Native  
☐ Asian / Pacific Islander:  
Give the name of your group \_\_\_\_\_  
☐ Other \_\_\_\_\_
6. **What grade are you in now?**  
☐ 6<sup>th</sup> or less  
☐ 7<sup>th</sup>  
☐ 8<sup>th</sup>  
☐ 9<sup>th</sup>  
☐ Not in school

**7. How far do you plan to go in school? (Mark ONE)**

- ☐ I won't finish high school
- ☐ I'll finish high school, but won't continue in school after that
- ☐ I'll go to community college, vocational or business school
- ☐ I'll graduate from a four-year college
- ☐ After college, I'll go to medical, law, or graduate school

**8. What were the grades on your most recent report card? (Mark ONE)**

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ Does not apply

**9. In the LAST month, how often did you talk with your parent(s) or the adult(s) you live with about the following:**

|   | 5 or more times          | 2 to 4 times             | 1 time                   | Never in LAST month      | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your questions about sex   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What they think about teens having sex   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ways to prevent a pregnancy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ways to protect yourself from sexually transmitted infection/disease (STI/STD) and HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Reasons to wait to have sex  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## YOUR ACTIVITIES

10. How important are each of the following to you?

|   | Very<br>Important<br>1   | 2                        | 3                        | 4                        | Not at all<br>Important<br>5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| a. Participating in a club or team either in or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| b. My family  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| c. Getting good grades in school                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| d. My job   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| e. My boyfriend/girlfriend  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| f. My cultural and/or religious beliefs                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |

11. In the LAST month, how often did you...

|  | 5 or<br>more<br>times    | 2 to 4<br>times          | 1 time                   | Never in<br>LAST<br>month | Never                    |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| a. Volunteer or participate in community service?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Attend a health fair or teen theater presentation about preventing pregnancy and STI/STD? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. Talk to adult outside your family who had time to listen to you?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

**12. In the LAST month, how often did you...**

|  | 5 or more times          | 2 to 4 times             | 1 time                   | Never in LAST month      | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cut class?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smoke marijuana?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use other drugs (like meth, ecstasy)?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Drink alcohol (like beer, vodka)?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Get drunk?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Smoke cigarettes?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have sex after drinking alcohol or using drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Participate in gang activities?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**13. How likely is it that you'll choose to have sex (sexual intercourse) in the next year?**

- ☐ I'm sure I will
- ☐ I probably will
- ☐ There's about a 50/50 chance
- ☐ I probably won't
- ☐ I'm sure I won't

## HOW SURE ARE YOU?



What if the following things happened to you? Imagine that you in these situations. Tell us how sure you are that you could do what is described.

14. Imagine you met someone at a party. He or she wants to have sex with you. Even though the two of you are very attracted to each other, you're not ready to have sex. How sure are you that you could keep from having sex?
- ☐ Totally sure
  - ☐ Kind of sure
  - ☐ Not sure at all
15. Imagine that you and your boyfriend or girlfriend have been seeing each other but you haven't had sex. He or she really wants to have sex, but you're not ready. How sure are you that you could keep from having sex until you feel ready?
- ☐ Totally sure
  - ☐ Kind of sure
  - ☐ Not sure at all
16. Imagine that you and your boyfriend or girlfriend decide to have sex, but he or she will not use birth control (condoms, pills, etc.). You don't want to have sex without protection. How sure are you that you could keep from having sex, until your partner agrees to use birth control?
- ☐ Totally sure
  - ☐ Kind of sure
  - ☐ Not sure at all

17. If you wanted to use a condom when you have sex, how sure are you that you could do the following?

|                                   | Totally sure             | Kind of sure             | Not sure at all          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| a. Buy or get condoms             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have a condom when you need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use a condom correctly         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. Which of the following reasons for using protection against pregnancy and STI/STD are (or would be) true for you?

|  | Very true<br>1           | 2                        | 3                        | 4                        | Not at all true<br>5     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I respect myself.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I respect my partner.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I am having sex, I want to be responsible.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I don't want to get pregnant or get someone pregnant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I don't want to get a disease, like HIV.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## YOUR REPRODUCTIVE HEALTH



These questions are personal. Your answers to these questions are **CONFIDENTIAL** (private). No one you know will see your answers.

19. Have you ever had a boyfriend/girlfriend?

- ☐ No  
☐ Yes

20. Have you ever had sex (sexual intercourse, penis in vagina)?

- ☐ No (Go to question 21)  
☐ Yes (Go to question 22)

21. Which of the following reasons for waiting to have sex are true for you?

|  | Very<br>true<br>1        | 2                        | 3                        | 4                        | Not at all<br>true<br>5  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. It's against my religious values.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My parent(s) would be upset.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I don't want to get a disease, like HIV.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I don't want to get pregnant or get someone pregnant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I'm waiting until I get married.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I am not old enough yet.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My boy/girlfriend doesn't want to.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**22. About how old were you the FIRST time you had sex?**

- ☐ I've never had sex
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old or older

**23. The FIRST time you had sex, what method(s) of protection against pregnancy and STI/STD did you and your partner use?**

- ☐ I've never had sex
- ☐ Nothing
- ☐ A hormonal method (like the pill, Depo-Provera, the patch) with a condom
- ☐ A hormonal method alone
- ☐ A condom alone
- ☐ Withdrawal (pulling out)

**24. In the LAST month, how many times have you had sex?**

- ☐ I've never had sex
- ☐ I've had sex, but not in the last month
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or more times

**25. In your LIFE, how many people have you had sex with?**

☐ I've never had sex

☐ 1 person

☐ 2 or 3 people

☐ 4 or 5 people

☐ 6 or more people

**26. The LAST time you had sex, what method(s) of protection against pregnancy and STI/STD did you and your partner use?**

☐ I've never had sex

☐ Nothing

☐ A hormonal method (like the pill, Depo-Provera, the patch) with a condom

☐ A hormonal method alone

☐ A condom alone

☐ Withdrawal (pulling out)

## YOUR ATTITUDES AND BELIEFS

**27. How much do you agree or disagree?**

|  | Strongly Agree<br>1      | 2                        | 3                        | 4                        | Strongly Disagree<br>5   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I can think of many ways to reach my current goals.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When I have a problem, I can think of a safe and responsible way to solve it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Most times I can plan ahead.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone in my family really cares about me.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. An adult at my school believes I will be successful.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have plans for my future.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I see myself as someone who can make good decisions.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## EDUCATIONAL OPPORTUNITIES

**28. Have you ever had a class on preventing teen pregnancy, HIV, or STI/STD?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**29. When did you have the class?**

- ☐ I'm taking one now (or just finished one)
- ☐ This year
- ☐ Last year or before that
- ☐ I've never had a class on preventing pregnancy, HIV and STI/STD (Go to question 31)

**30. What did you do in the class?**

|  | Yes                      | No                       | Not<br>Sure              |
|--|--------------------------|--------------------------|--------------------------|
| a. We discussed reasons to wait to have sex.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We talked about why sexually active teens are responsible for using protection.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. We practiced talking with a partner about not having sex (did skits or role plays). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. We practiced talking with a partner about using condoms (did skits or role plays).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The teacher (or a student) demonstrated how to use condoms.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**FAMILY PLANNING SERVICES**



**Definition: "Family planning services" includes condoms, birth control pills, pregnancy tests, STI/STD tests, etc.**

**31. Have you heard of a clinic or doctor in your community where teens can get family planning services?**

- ☐ Yes
- ☐ No
- ☐ I'm not sure

**32. How did you hear about this clinic or doctor? (Mark ALL that apply.)**

- ☐ I have not heard about a clinic or doctor in my community
- ☐ Teacher/counselor at school or staff at youth center
- ☐ Doctor/nurse/health practitioner
- ☐ TV, radio, billboard, newspaper, flyer or brochure
- ☐ Friends or family
- ☐ 1-800-FAM-PACT
- ☐ Other \_\_\_\_\_

**33. Do you think that teens need to pay for family planning services even if they can't afford to?**

- ☐ They definitely do
- ☐ They probably do
- ☐ They probably don't
- ☐ They definitely don't

**34. Do you think that clinic staff tell parents/guardians when a teen gets family planning services?**

- ☐ They definitely do
- ☐ They probably do
- ☐ They probably don't
- ☐ They definitely don't

**35. Do you have a green-blue HAP (Health Access Program) card that you can use to get free family planning services?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**This is the end of the survey.**

**Thank you very much for answering these questions!**